

POSITION	INITIALS	ID I.C.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	<i>CPA SZ</i>	<i>946 1021</i>	<i>21 10/24/01 11/29/01 03/14/02</i>

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/7/01
2	✓	✓	12/7/01
3	✓	✓	12/7/01
4	✓	✓	12/7/01
5	✓	✓	12/7/01
6	✓	✓	12/7/01
7	✓	✓	12/7/01
8	✓	✓	12/7/01
9	✓	✓	12/7/01
10	✓	✓	12/7/01
11	✓	✓	12/7/01
12	✓	✓	12/7/01
13	✓	✓	12/7/01
14	✓	✓	12/7/01
15	✓	✓	12/7/01
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18	✓	✓	12/7/01
19	✓	✓	12/7/01
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here